



**FORM 70**  
**REQUEST FOR A RESTRICTED (GRANT, GIFT, CONTRACT) ACCOUNT - LEDGERS 5, 6**

**PART I TO BE COMPLETED BY DEPARTMENT**

**A. SHORT TITLE** (20 Character limit) \_\_\_\_\_  ADVANCE A/C  REGULAR A/C  COST SHG A/C

**B. LONG ACCOUNT TITLE** (60 Character limit) \_\_\_\_\_ LEDGER  5  6

**C. AGENCY NAME** \_\_\_\_\_ **AWARD NO.** \_\_\_\_\_ **CFDA NO.** \_\_\_\_\_

**D. AURA FP NO.** \_\_\_\_\_ **E. AWARD'S PREDECESSOR FAS ACCOUNT NO., IF APPLICABLE** \_\_\_\_\_

<b>F. ACCOUNT ADMINISTRATORS</b>	<b>ACCOUNT ADMIN. ID</b>	<b>ACCOUNT ADMINISTRATORS</b>	<b>ACCOUNT ADMIN. ID</b>
1. _____	_____	3. _____	_____
2. _____	_____		

**G. EXECUTIVE CODE** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_ **DEPARTMENT SUBUNIT** \_\_\_\_\_ **DEPARTMENT SUB-SUBUNIT** \_\_\_\_\_

**H. USER ATTRIBUTE NO. 1** \_\_\_\_\_ **USER ATTRIBUTE NO. 2** \_\_\_\_\_ **USER ATTRIBUTE NO. 3** \_\_\_\_\_

<b>I. AUTHORIZED SIGNERS</b>	<b>AUTH. SIGNER NO.</b>	<b>AUTHORIZED SIGNERS</b>	<b>AUTH. SIGNER NO.</b>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

<b>J. PRINCIPAL INVESTIGATOR</b>	<b>AUTH. SIGNER NO.</b>	<b>CO-PRINCIPAL INVESTIGATOR</b>	<b>AUTH. SIGNER NO.</b>
1. _____	_____	2. _____	_____

**K. TYPE OF COST SHG A/C:**  MANDATORY  VOLUNTARY COMMITTED **COST SHARING COUNTERPART A/C NO.** \_\_\_\_\_

**L. GUARANTEE A/C NO.** \_\_\_\_\_ **M. ABR CODE** \_\_\_\_\_ **N. FUNCTION CODE** \_\_\_\_\_ **O. LOCATION CODE** \_\_\_\_\_

**P.**  GIFT  GRANT  CONTRACT  SUBRECIPIENT (PASS-THROUGH AWARD)  COOPERATIVE AGREEMENT **TOTAL AWARD \$** \_\_\_\_\_

**Q. AWARD BEGIN DATE** \_\_\_\_\_ **AWARD END DATE** \_\_\_\_\_ **ADVANCE ACCOUNT BEGIN DATE** \_\_\_\_\_

**R. INDIRECT COST: BASE**  M  T  S  E  X **RATE** \_\_\_\_\_ % **BUDGET \$** \_\_\_\_\_

**S. ACCOUNT REQUESTED BY** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PART II TO BE COMPLETED BY DIVISION**

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**PART III TO BE COMPLETED BY FINANCIAL SERVICES**

**A. ACCOUNT NO. S/L** \_\_\_\_\_ **B. ACCOUNT NO. G/L** \_\_\_\_\_ **C. C.O. RESPONSIBILITY** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_ **ENTERED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return the completed form to:**  
 Ledger 5 and Ledger 6 (Grants/Contracts): please refer to the Sponsored Award Accounting website to identify the appropriate Post Award Administrator (PAA)  
 Ledger 6 (Gifts): [giftaccounts@uchicago.edu](mailto:giftaccounts@uchicago.edu)

**FORM 70: INSTRUCTIONS**  
**REQUEST FOR A RESTRICTED (GRANT, GIFT, CONTRACT) ACCOUNT - LEDGERS 5, 6**

- The award/gift agreement must accompany this form unless it has been transmitted separately.
- A separate Form 70 must be prepared for each account number requested.

**Part I**

- A. Short Title:** The short title is the visible title in Business Objects, as well as certain screens of FAS. FAS has a 20 character limit for this field. Please indicate if the account being requested is an advance account, regular account or cost-share account.
- B. Long Account Title:** The long title is the visible title in eLedgers, as well as certain screens on FAS. FAS has a 60 character limit for this field. Please indicate if the account being requested is a Ledger 5 (federal awards) or a Ledger 6 (non-federal award, gift or contract).
- C. Agency Name:** Please indicate the name of the funding/award organization. If an award has been issued, please provide the number issued by the award agency. For CFDA No. please indicate the Catalog of Federal Domestic Assistance number (only applicable for federal grant and cooperative agreement awards).
- D. Aura FP No:** This is the Funding Proposal number from the AURA system.
- E. Award's Predecessor FAS Account No, if applicable:** If the award is a continuation of an existing award, please identify the previous FAS account number for the award.
- F. Account Administrators:** Account Administrators have financial responsibility for the account including, but not limited to, the ability to review the associated eLedger and receive payroll detail reports for the account. If a unique GL account is being created for the Ledger 2-9 account, only the first two Account Administrators listed will be Account Administrators on that unique GL (due to FAS limitations). The Account Administrator ID (11 digits) is available within the 'Authorized Signer and Account Administrator ID Request (ASSAR)' link at the [ACCTS homepage](#).
- G. Executive Code and Department Code:** The requestor must identify what executive level and department code the account should be linked to for financial reporting purposes. If a requestor is unsure of their executive level and department code, this information is available at the [FAS User's Manual](#). Some larger departments may have sub or sub-sub department numbers. Please contact your department representative for this information.
- H. User Attributes:** These are optional fields that allow unique attributes definitions that meaningful to the account or executive level administrator to be assigned (e.g. a department can indicate user attribute is a value of A1, which can be defined the department to indicate all accounts listed as A1 are for cancer research). These fields are two alphanumeric characters.
- I. Authorized Signers:** Authorized Signers have payment responsibility for expenditures on the account. Authorized Signers approve BuySite, ePayment, GEMS, etc. transactions. The 6 digit (or less) ID is available within the 'Authorized Signer and Account Administrator ID Request (ASSAR)' link at the [ACCTS homepage](#).
- J. Principal Investigator:** Enter the last name, first name and initial for the P.I. (and co-P.I., if applicable) for the award.
- K. Type of Cost Sharing Account:** Please identify whether the cost sharing is mandatory per the award document or voluntary committed. If cost sharing will be on the award, regardless of mandatory or voluntary, the 6-digit FAS account funding the cost share must be identified.

- L. **Guarantee Account:** Please identify the account used to guarantee funding (typically unrestricted or gift funds) should awarding agency funding be insufficient.
- M. **ABR Option:** This is a required field and determines how budgets appear in FAS. ABR Codes are a value of 0-9. For additional information on ABR Codes, please click [here](#).
- N. **Function Code:** This is a 2-digit code indicating the type of award activity. A full list of function codes is available at the [FAS User's Manual](#).
- O. **Location Code:** Location of award activity should be identified as either C (on-campus buildings) or O (off-campus).
- P. **Gift, Grant Contract, Subrecipient:** The type of account should be identified, as well as the award or initial gift amount.
- Q. **Award Information:** For sponsored awards, please identify the beginning and ending dates of the total award, as well as the date on which the advance account is to begin, if applicable.
- R. **Indirect Cost Information:** Check the appropriate box to identify the correct base on which to calculate indirect costs:
  - a. M: Modified Total Direct Costs
  - b. T: Total Direct Costs
  - c. S: Salaries
  - d. E: Education Service Agreements (e.g. training awards from NIH) total costs less equipment, tuition and fees
  - e. X: Base specific to the awardPlease indicate the percent of indirect costs to be charged against the base and the dollar amount to be budgeted.
- S. **Requestor Information:** In the event there are questions with the account creation process, the requestor should provide contact information.